

MODULE

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This module is for individuals who work in areas (i.e., in the actual operating room, same day surgery room, or doctor's office) while lasers or electrosurgery devices are being used. This module should be completed by all employees who work in these areas, whether you perform the procedures or assist in areas while these devices are being used.

1. During your career (including all jobs at this and other facilities), how long have you been working in areas (operating room, same day surgery room, doctor's office, etc.) while lasers or electrosurgery devices were being used?
 - ☐ Less than 6 months
 - ☐ At least 6 months but less than a year
 - ☐ 1-5 years
 - ☐ 6-10 years
 - ☐ 11-20 years
 - ☐ More than 20 years

2. When have you received formal training at this facility that addresses the hazards of surgical smoke?
Please ✓ all that apply.
 - ☐ During orientation for your current job or task
 - ☐ Once, but not at orientation
 - ☐ Periodically, but less than once per year
 - ☐ At least annually (i.e., one or more times every year)
 - ☐ Other (Please specify): _____
 - ☐ Never received training at this facility

3. Have you seen written policies or standard procedures at this facility that address potential hazards of surgical smoke?
 - ☐ Yes
 - ☐ No

4. Do you ever wear or take home any clothing (protective clothing or street clothes) which were worn when lasers or electrosurgery devices were being used?
 - ☐ Yes
 - ☐ No

5. At any time in the **past 7 calendar days**, did you work in a room (operating room, same day surgery room, doctor's office, etc.) **within 5 feet** of the patient while a laser or electrosurgery device was being used?
- ☐ Yes
☐ No  **Skip to Question 23.**
6. During the past 7 calendar days, how many days did you work in rooms while lasers or electrosurgery devices were being used?
- Number of days.....
(Please write a number from 1-7)
7. During the past 7 calendar days, how much total time did you spend **within 5 feet** of a patient while a laser or electrosurgery device was being used?
- ☐ Less than 1 hour
☐ 1-5 hours
☐ 6-20 hours
☐ 21-40 hours
☐ More than 40 hours
8. How does the total amount of time spent in rooms while lasers or electrosurgical devices were being used during the past 7 calendar days compare with most weeks?
- ☐ Past 7 days were about normal
☐ Past 7 days were less than normal
☐ Past 7 days were greater than normal
9. During the past 7 calendar days, what was the total number of procedures involving lasers or electrosurgery devices that you performed or were **within 5 feet** of the procedure?
- ☐ 1 procedure
☐ 2-5 procedures
☐ 6-10 procedures
☐ 11-25 procedures
☐ More than 25 procedures

10. During the past 7 calendar days, in which of the following areas of this facility did you **ever** work while a laser or electrosurgery device was being used? **Please ✓ all that apply.**
- ☐ a. Operating room
 - ☐ b. Specialty suite or lab
 - ☐ c. Outpatient clinic
 - ☐ d. Medical office
 - ☐ e. Dental office
 - ☐ f. Some other location (Please specify): _____



10A. From the location(s) checked above, please write the **letter** (a, b, c, etc.) corresponding to the area where you most often worked while a laser or electrosurgery device was being used .

Most often worked.....

The following questions relate to the control of surgical smoke through the use of ventilation in the area in which you worked most often during the past 7 calendar days (i.e., the same area as indicated in question 10A).

11. Was a smoke evacuation system/device being used?
- ☐ Yes, continue
☐ No
☐ Don't know
- } **Skip to Question 13.**
12. Was the surgical smoke exhausted outside the room?
- ☐ Yes
☐ No
☐ Don't know
13. During the past 7 calendar days, when working in rooms in which lasers or electrosurgical devices were being used, how often was surgical smoke detectable (visually or by smell)?
- ☐ Never
☐ Rarely
☐ About half the time
☐ Most of the time
☐ All the time

The following questions pertain to your use of personal protective equipment (PPE) while working in rooms in which lasers or electrosurgical devices are being used.

14. During the past 7 calendar days, did you wear a **protective gown or outer garment** while working in areas in which lasers or electrosurgical devices were being used?
- ☐ Always  **Skip to Question 16.**
- ☐ Sometimes
- ☐ Never
15. What were the reason(s) you did not always wear a **protective gown or outer garment** while working in areas in which lasers or electrosurgical devices are being used?
Please ✓ all that apply.
- ☐ 1. Potential for exposure to surgical smoke is insignificant
- ☐ 2. Exposure to surgical smoke is possible but the health hazard is insignificant
- ☐ 3. Not required by employer
- ☐ 4. Not provided by employer
- ☐ 5. Not standard practice
- ☐ 6. Too uncomfortable or difficult to use
- ☐ 7. Not readily or always available in work area
- ☐ 8. Cross contamination to other areas is not a concern
- ☐ 9. Concerned about raising the patient's anxiety
- ☐ 10. Not working within the sterile field
- ☐ 11. Other (Please specify): _____
- _____
- 15A. From the reason(s) checked above, please write the number (1, 2, 3, etc.) of the one **most important reason** you did not always wear a **protective gown or outer garment** while working in areas in which lasers or electrosurgical devices are being used.
- Most important reason
16. During the past 7 calendar days, did you wear **protective gloves** while working in areas in which a laser or electrosurgery device was being used?
- ☐ Always  **Skip to Question 18.**
- ☐ Sometimes
- ☐ Never

17. What were the reason(s) you did not always wear **protective gloves** while working in areas in which a laser or electrosurgery device was being used? **Please ✓ all that apply.**
- ☐ 1. Potential for exposure to surgical smoke is insignificant
 - ☐ 2. Exposure to surgical smoke is possible but the health hazard is insignificant
 - ☐ 3. Not required by employer
 - ☐ 4. Not provided by employer
 - ☐ 5. Not standard practice
 - ☐ 6. Too uncomfortable or difficult to use
 - ☐ 7. Not readily or always available in work area
 - ☐ 8. Cross contamination to other areas is not a concern
 - ☐ 9. Concerned about raising the patient's anxiety
 - ☐ 10. Not working within the sterile field
 - ☐ 11. Other (Please specify): _____
- _____

- 17A. From the reason(s) checked above, please write the number (1, 2, 3, etc.) of the one **most important reason** you did not always wear **protective gloves** while working in areas in which a laser or electrosurgery device was being used.

Most important reason

18. During the past 7 calendar days, did you wear **eye protection** (safety glasses, goggles, face shield) while working in areas in which a laser or electrosurgery device was being used?

- ☐ Always
☐ Sometimes
☐ Never

Skip to Question 20.

19. What are the reason(s) you did not always wear **eye protection** while working in areas in which a laser or electrosurgery device was being used? **Please ✓ all that apply.**

- ☐ 1. Potential for exposure to surgical smoke is insignificant
- ☐ 2. Exposure to surgical smoke is possible but the health hazard is insignificant
- ☐ 3. An engineering control (e.g., exhaust ventilation or an enclosure) is already being used
- ☐ 4. Not required by employer
- ☐ 5. Not provided by employer
- ☐ 6. Not standard practice
- ☐ 7. Too uncomfortable or difficult to use
- ☐ 8. Not readily available in work area
- ☐ 9. Concerned about raising the patient's anxiety
- ☐ 10. Not working within the sterile field
- ☐ 11. Other (Please specify): _____

19A. From the reason(s) checked above, please write the number (1, 2, 3, etc.) of the one **most important reason** you did not always wear **eye protection** while working in areas in which a laser or electrosurgery device was being used.

Most important reason

20. During the past 7 calendar days, did you wear **respiratory protection**, not including a surgical mask, while working in areas in which a laser or electrosurgery device was being used?

- ☐ Always
☐ Sometimes
☐ Never

Skip to Question 22.

21. What type(s) of respirator(s), not including a surgical mask, did you use? **Please ✓ all that apply.**
- ☐ Disposable particulate respirator (also called filtering face-piece respirator, e.g., N95)
 - ☐ Half mask or full-face piece respirator with replaceable filters or cartridges
 - ☐ Powered air-purifying respirator (PAPR)
 - ☐ Don't know



During the past 7 calendar days, if you ALWAYS wore respiratory protection, not including a surgical mask, while working in areas in which a laser or electrosurgery device was being used, skip to Question 23.

22. What are the reason(s) you did not always wear a **respirator** while working in areas in which a laser or electrosurgery device was being used? **Please ✓ all that apply.**
- ☐ 1. Potential for exposure to surgical smoke is insignificant
 - ☐ 2. Exposure to surgical smoke is possible but the health hazard is insignificant
 - ☐ 3. An engineering control (e.g., exhaust ventilation or an enclosure) is already being used
 - ☐ 4. Not required by employer
 - ☐ 5. Not provided by employer
 - ☐ 6. Too time consuming
 - ☐ 7. Not standard practice
 - ☐ 8. Too uncomfortable or difficult to use
 - ☐ 9. Not readily or always available in work area
 - ☐ 10. Concerned about raising the patient's anxiety
 - ☐ 11. Not working within the sterile field
 - ☐ 12. Other (Please specify): _____

- 22A. From the reason(s) checked above, please write the number (1, 2, 3, etc.) of the one **most important reason** you did not always wear a **respirator** while working in areas in which a laser or electrosurgery device was being used.

Most important reason.....

**You have now completed this module.
Thank you.**